

**Payment for Services: Mental Health and AODA Clinic
Day Treatment Clinic
AODA Contracted Facilities**

Waukesha County Department of Health and Human Services

When you receive outpatient services at the Waukesha County Mental Health Clinic and do **not** have insurance, HMO, Medicare, Medicaid (Title 19), or Badger Care HMO coverage, you will be charged on the basis of the family's ability to pay. An ability to pay amount will be calculated upon full financial disclosure.

We will bill your insurance, HMO, Medicare, Medicaid (Title 19) or Badger Care HMO coverage for outpatient services if you have signed the appropriate authorization forms. However, you may be responsible for whatever part of your services your insurance does not cover.

Waukesha County may contract with outside facilities to provide services. Alcohol and Other Drug Abuse (AODA) clients, as well as Intoxicated Driver Program (IDP) clients, receiving residential or day services, will be liable for the first \$1000 worth of services before any reduction of liability. This \$1000 deductible is per family/calendar year.

A Fiscal Account Clerk from the Billing Unit of the Waukesha County Department of Health and Human Services will interview you to obtain financial information. You will need to provide:

1. Personal and family information
2. Third party payer information (insurance)
3. Employment & income tax information.

After you provide full financial disclosure, an ability to pay amount will be calculated. If your financial situation changes or the size of your family changes, your ability to pay amount will be recalculated. **Until you provide full financial disclosure, you will be billed at full cost.**

If you receive **contracted AODA inpatient services, you will be responsible for the full cost of services.** A payment schedule for these services will be determined when full financial disclosure is provided.

We will make every effort to work out extended or special payment plans if you have difficulty making the monthly payment determined by the Fiscal Account Clerk. Additional information will be requested and reviewed by a Waukesha County Collection Specialist to provide this service.

Payment for services is an obligation established by law. The primary statutes that provide Wisconsin's fee system are SS 46.03(18) and 46.10. The Uniform Fee System is further specified in the Wisconsin Administrative Code, Chapter HFS 1 of the Department of Health and Family Services.

If you have questions, you may:

Call 262-548-7697

Write to:

Waukesha County Department of Health and Human Services
Billing Unit
500 Riverview Avenue
Waukesha, WI 53188

Billing Rates Effective January thru December 2006

Mental Health Clinics

Individual Services

Psychologist	\$150.00/hr
Clinical Social Wrkr	\$104.50/hr
AODA Counselor	\$ 94.20/hr
Med Check (M.D.)	\$ 73.70/15 mins.
Med Shots (RN)	\$ 69.50/hr

Group Services

AODA Educ. Group	\$ 18.84/hr
AODA Group	\$ 23.55/hr
AODA Multi-Family Group	\$ 47.10/hr
MH - MSW Group	\$ 26.15/hr
MH - Psychologist Group	\$ 37.50/hr
MH - MSW/MSW Group	\$ 34.85/hr
MH – MSW/Psychologist	\$ 50.03/hr

AODA clients receiving services in residential or day services will be liable for the first \$1,000 of services before any reduction of liability.

(Rates are subject to annual review)

Excerpt from

WAUKESHA COUNTY MAXIMUM MONTHLY PAYMENT SCHEDULE FOR 2006

GROSS MONTHLY INCOME		PERSONS LIVING IN FAMILY				HFS1
from	to	1	2	3	4	
0	686	0	0	0	0	
687	1325	25	25	25	25	
1326	1350	26	25	25	25	
1351	1375	26	25	25	25	
1376	1400	26	25	25	25	
1401	1425	26	25	25	25	
1426	1450	29	25	25	25	
1451	1475	36	25	25	25	
1476	1500	43	25	25	25	
1501	1525	50	25	25	25	
1526	1550	57	25	25	25	
1551	1575	64	25	25	25	
1576	1600	71	25	25	25	
1601	1625	78	25	25	25	
1626	1650	85	25	25	25	
1651	1675	92	25	25	25	
1676	1700	99	25	25	25	
1701	1725	106	25	25	25	
1726	1750	113	25	25	25	
1751	1775	120	26	25	25	
1776	1800	127	26	25	25	
1801	1825	134	26	25	25	
1826	1850	141	26	25	25	
1851	1875	148	33	25	25	
1876	1900	153	40	25	25	
1901	1925	154	47	25	25	
1926	1950	156	54	25	25	
1951	1975	158	61	25	25	
1976	2000	160	68	25	25	
1901	1925	154	47	25	25	
1926	1950	156	54	25	25	
1951	1975	158	61	25	25	
1976	2000	160	68	25	25	

(A Fiscal Account Clerk can give you information pertaining to the Maximum Monthly Payment Schedule for incomes in excess of \$2000 and 4 family members.)